

2011 Health Plan Semi-Monthly Rates

Effective from 7/1/2011 (PP 13) through 09/30/2011 (PP 19)

ABMEI, AEA, ALP, AMSP, CAMP, IAFF, IBEW, MEF, OE#3, POA, Unit 99, Unrepresented (Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs						
Employee Contribution	37.20	92.64	54.59	156.85	157.57	421.80
City Contribution	210.82	524.94	210.82	524.94	210.82	524.94
Total	248.02	617.58	265.41	681.79	368.39	946.74
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs						
Employee Contribution	89.90	223.87	107.29	288.08	210.27	553.03
City Contribution	158.12	393.71	158.12	393.71	158.12	393.71
Total	248.02	617.58	265.41	681.79	368.39	946.74
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs						
Employee Contribution	116.26	289.49	133.65	353.70	236.63	618.65
City Contribution	131.76	328.09	131.76	328.09	131.76	328.09
Total	248.02	617.58	265.41	681.79	368.39	946.74
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs						
Employee Contribution	142.61	355.11	160.00	419.32	262.98	684.27
City Contribution	105.41	262.47	105.41	262.47	105.41	262.47
Total	248.02	617.58	265.41	681.79	368.39	946.74

CEO* (Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs						
Employee Contribution	26.36	65.65	43.87	131.44	153.09	412.41
City Contribution	237.33	590.94	237.33	590.94	237.33	590.94
Total	263.69	656.59	281.20	722.38	390.42	1,003.35
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs						
Employee Contribution	85.69	213.38	103.20	279.17	212.42	560.14
City Contribution	178.00	443.21	178.00	443.21	178.00	443.21
Total	263.69	656.59	281.20	722.38	390.42	1,003.35
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs						
Employee Contribution	115.36	287.25	132.87	353.04	242.09	634.01
City Contribution	148.33	369.34	148.33	369.34	148.33	369.34
Total	263.69	656.59	281.20	722.38	390.42	1,003.35
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs						
Employee Contribution	145.02	361.12	162.53	426.91	271.75	707.88
City Contribution	118.67	295.47	118.67	295.47	118.67	295.47
Total	263.69	656.59	281.20	722.38	390.42	1,003.35

Health In-Lieu Plan Payments Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ hours) Payments are made every payday, are taxable, and are subject to withholding		
	ABMEI, AEA, ALP, AMSP, CAMP, IAFF, IBEW, MEF, OE#3, POA, Unit 99, Unrep.	CEO
If eligible for family coverage	221.84	272.74
If <u>not</u> eligible for family coverage	89.09	109.54

* Employees represented by CEO will be moving to the premiums shown for other employee groups effective October 1, 2011.